(b) About 6150 AC 3 Tier and Sleeper Class coaches have so far been provided with such additional longitudinal middle berths.

(c) The main objective behind the third berth plan was to augment the passenger carrying capacity. The increment in revenue is also there though it is marginal. At present, no separate statistics are available of the gross revenue from these modified coaches.

(d) Yes, Sir. However, the coaches where additional berths have been provided will be utilized where the total journey may not involve more than one night.

Free second line HIV treatment

*12. SHRI B. J. PANDA:
MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is proposed to provide second line treatment to HIV patients free of cost;

(b) if so, the details thereof;

(c) whether certain hospitals have been identified in the country for providing such free treatment; and

(d) if so, the details thereof, *inter-alia* indicating those that are located in Orissa and Jharkhand?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) The Government of India announced the provision of second line Anti-retroviral Treatment (ART) on 1st December, 2007 for patients who develop resistance to first-line ART. It was rolled out on pilot basis at two centres *viz.* J.J. Hospital, Mumbai and GHTM, Tambaram, from 1st January, 2008. Based on the experience gained in the pilot study, the second line ART has been initiated in eight more hospitals, namely Gandhi Hospital, Hyderabad; PGIMER, Chandigarh; Maulana Azad Medical College, New Delhi; B.J. Medical College, Ahmedabad; Bowring and Lady Curzon Hospital, Bangalore; RIMS, Imphal; School of Tropical Medicine, Kolkata and Institute of Medical Sciences, BHU, Varanasi. Capacities have since been developed in these institutes by way of trained doctors and laboratory facilities required for initiating and monitoring second line ART. Second-line ART shall be provided free of cost to eligible patients below poverty line (BPL), widows & children and to patients under treatment in Government ART centers continuously for at least two years, irrespective of income status.

As facilities for investigations required for determining drug resistant cases are limited, second-line ART is being rolled out in a phased manner to enable the institutions to gain required expertise and experience. Accordingly the institutions will, in the first phase, cover eligible patients from their own centre followed by expanding services to other States linked to them. Patients from Bihar and

Jharkhand who are linked to the ART Centre located in the School of Tropical Medicine, Kolkata, will obtain treatment from there upon being diagnosed as eligible for second-line ART.

Sale price of agricultural products

†*13. SHRI RAJ MOHINDER SINGH MAJITHA:
SHRI RAM JETHMALANI:
Will the Minister of AGRICULTURE be pleased to state:

(a) whether it is a fact that many committees have been set up in the country during the last five years to make suggestion for evolving a formula to fix the sale price of agricultural products;

(b) if so, the name of these committees and when they were set up and when they submitted their recommendations to Government;

(c) whether Government has made any formulae for determining the sale prices on the basis of recommendations of these committees; and

(d) if so, the details of formulae and the agricultural products for which support price has been fixed so far on this basis?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) and (b) During the last five years, no committee has been set up by the Government to make suggestion for evolving a formula to fix the sale price of agricultural products. However, an Expert Committee under the Chairmanship of Prof. Y.K. Alagh was set up on 7th May, 2003 to examine Methodological Issues for Fixing Minimum Support Prices (MSPs). The Expert Committee had submitted its report on 31st May, 2005. The Government has already considered the recommendations made by the committee. Based on its recommendations, it has been decided to consider the Crop Insurance Premium as a cost item actually paid by farmers and marketing and transport charges incurred by the farmers, while assessing the cost of production. The CACP is also to take into account cost structure of agro-based products and the competitiveness of agriculture and agro-based commodities while making recommendations on MSP for the selected commodities.

(c) and (d) The Alagh Committee has not recommended any fixed formulae for determining the MSP. However, the Commission for Agricultural Costs and Prices (CACP) periodically makes recommendations in this regard for 24 major agricultural commodities, namely Paddy, Jowar, Bajra, Maize, Ragi, Arhar (Tur), Moong, Urad, Cotton, Groundnut, Sunflower seed, Soyabean, Sesamum, Nigerseed, Wheat, Barley, Gram, Masur (Lentil), Rapeseed & Mustard, Safflower, Copra, Jute, Sugarcane and Tobacco. The CACP, while formulating its recommendations on price policy considers a number of important factors which include cost of production, changes in inputs prices,

†Original notice of the question was received in Hindi.